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Form **8871**(July 2000)

## Political Organization Notice of Section 527 Status

73-1274256

OMB No. 1545-1693

| 81  |  |   |                                |  |
|---|--|---|--------------------------------|--|
| Name of organization                                  | S +                                      | )<br>Description                        | Employer identification number |  |
|   |  | EPRESENTATIVE                           | TENDING                        |  |
| Mailing address (P.O. Box or number 1207 KERR         |  | uite number)                            |                                |  |
| City or town, state, and ZIP code                     |  |   |                                |  |
| STILWELL C  | OK 74960                                 | 5                                       |                                |  |
| E-mail address of organization                        |  |   |                                |  |
| NONE  |  |   |                                |  |
| Name of custodian of records                          | 4b                                       | 4b Custodian's address                  |                                |  |
| LARRY E. ADAIR  |  | 1207 KERRY DR.                          |                                |  |
| Olike i e i i e i i e                                 | -  | STILWELL OK 74960                       |                                |  |
| Name of contact parson                                |  | 5b Contact person's address             |                                |  |
| Name of contact person                                |  | -SAME -                                 |                                |  |
| WARRI E. ADAIR  |  |   |                                |  |
|   |  |   |                                |  |
| Business address of organization (                    | if different from mailing ac             | dress shown above). Number, street, and | room or suite number           |  |
|   |  |   |                                |  |
| City or town, state, and ZIP code                     |  |   |                                |  |
| A III Durnoco   |  |   |                                |  |
| t   Purpose  Describe the purpose of the organi       | zation                                   |   |                                |  |
| Describe the purpose of the organi                    | 2.1 1 C-                                 | r te-election '                         | لم                             |  |
| S_GUNETIUS S  |  | i i i i i i i i i i i i i i i i i i i   | 10                             |  |
| ·····   |  | *************************************** | ••••••••••••                   |  |
|   |  |   |                                |  |
|   |  |   |                                |  |
| t III List of All Polated F                           | ntition (can instruction                 | anc)                                    |                                |  |
| t III List of All Related E                           |  |   |                                |  |
| t III List of All Related E<br>Name of related entity | ntities (see instruction 8b Relationship | ons)  8c Address                        |                                |  |
| Name of related entity                                |  |   |                                |  |
|   |  |   |                                |  |
| Name of related entity                                |  |   |                                |  |
| Name of related entity                                |  |   |                                |  |
| Name of related entity                                |  |   |                                |  |
| Name of related entity                                |  |   |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          |   |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |
| Name of related entity                                | 8b Relationship                          | 8c Address                              |                                |  |

| Part IV List of All Officers, Dia<br>9a Name   | rectors, and Highly Co  | mpensated Employees (see instructions)  9c Address  |
|--|---|---|
|  |   |   |
| LARRY E. ADAIR   | CHAIR   | 1207 KERRY DR.  |
|  |   | STILWELL OK 74960   |
| LARRY E. ADAIR   | TREASURER   | -SAME   |
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| Under penalties of perjury, I declar<br>Revenue Code, and that I have ex<br>it is true, correct, and complete. | are that the organization named in<br>lamined this notice, including acco | Part I is to be treated as an organization described in section 527 of the Internal impanying schedules and statements, and to the best of my knowledge and belief, |
| . La 200 5   | Ga.:  | 7-28-00   |
| Sign   Signature of authorized off   | iciał   | 7-28-00<br>Date   |
|  | <b>⊕</b>  | Form <b>8871</b> (7-2000)   |